

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

PLAINTIFF <b>DERRICK RANKINE</b>		COURT CASE NUMBER <b>CA#03-313ERIC</b>	
DEFENDANT <b>Unit Manager Molligan</b>		TYPE OF PROCESS	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>(Molligan)</b>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>SCI-Somerset, 1600 Walters Mill Rd, Somerset PA 15510</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	<b>1</b>
<b>DERRICK RANKINE EU5850</b>		Number of parties to be served in this case	<b>25</b>
<b>SCI-FAYETTE</b>		Check for service on U.S.A.	
<b>P.O. BOX 9999</b>			
<b>LABETTE PA 15450</b>			

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

**DEFENDANT Molligan works as the Unit Manager For D block at SCI-Somerset**

Signature of Attorney or other Originator requesting service on behalf of: <b>Derrick Rankine</b>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <b>09/29/05</b>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No.	No.		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date **10/6/05** Time ☐ am ☒ pm

Signature of U.S. Marshal or Deputy  
**[Signature]**

Service Fee <b>[Signature]</b>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges <b>[Signature]</b>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

MAILED 10/6/05

12/29/05 RETURNED TO COURT UNEXECUTED - NO RESPONSE TO WAIVER BY MAIL

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

